

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18851

FILED JUN 14 1943

Registration District No. 291

Primary Registration District No. 6020 44-16

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Hardin, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: home
Hardin, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years ill
 (Specify whether
 In this community at home.
 years, months or days)

3. (a) PRINT FULL NAME Frances Anna Marrs

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William J. Marrs 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased June 4 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 25 hr. min.

9. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business

12. Name Jake Kelly
 13. Birthplace West Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna West
 15. Birthplace West Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant William J. Marrs(b) Address Hardin, Missouri17. (a) Burial (b) Date thereof 5 31 '43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hardin, Missouri18. (a) Signature of funeral director John W. Knipfchild(b) Address Hardin, Missouri19. (a) June 1 1943 (b) Mrs. Charles Shippard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 889
 (c) City or town Hardin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 29 day 1943
year 1943 hour 12 minute Am.21. I hereby certify that I attended the deceased from May 28-1943
to May 29, 1943
that I last saw her alive on May 29, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Paralysis - Hemiplegia Right Duration 3 daysDue to Arterio Sclerosis 15 yrsDue to Arthritis 10 yrsOther conditions Arthritis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 83d
 Of autopsy 83d

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
 (c) Means of injury

3. Signature Marvin Marrs (M. D. or other)
Hardin, Mo. Address Date signed 5/30/43

11781

Health Officer No. 8,

District File Number.....

Date Filed 6-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....
working under my personal supervision.

Signed John W. Knipochild
Licensed Embalmer No. 2789

P. O. Address Hardin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 8

1. PLACE OF DEATH:

- (a) County Ray
(b) City or town Hardin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAMEFrances A. Mann

3. (b) If veteran _____ name war _____ 3. (c) Social Security
No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ year _____

7. Birth date of deceased June 4
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 1 min. _____
If less than one day _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 5/30/143 (b) Mrs. Chas W. Shipman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County RAY
(c) City or town HARDIN Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1943 Minute _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Chas W. Sheppa

S-18891